

March 1st Tribal Update on CQS (Comprehensive Quality Strategy)

- Thank you for the feedback in our December 9th meeting on the four areas of our CQS framework— Better Health Outcomes, Provider Experience, Member Experience and Cost of Care. Here are a couple examples of actions taken based on your feedback:
 - We distinguish between ceremonial and non-ceremonial tobacco use in all of our QI communications regarding tobacco and nicotine use.
 - We agree that Preventive Visits, admissions due to diabetic complications and Emergency Department visits are vital measures to follow and continuously improve; the CQS will list these among the measures of focus.
- The process continues. We are currently in a dedicated draft review period for the OHCA Executive Staff and continue to incorporate feedback as we go through this process. Milestones since we last met include:
 - Provider Virtual Feedback Meeting: 12/10/2021.
 - State Agency Feedback Meeting: 12/16/2021.
- Upcoming milestones:
 - Virtual Member CQS Town Hall: Friday 12/18/2021.
 - In-Person Provider CQS Town Hall: Thursday 4/14/2021. (will also include a virtual option)
- See attached for the Dec 9th Tribal Consultation Feedback Summary, which will be included in the CQS document appendix.

Tribal Consultation Feedback Summary

The Tribal Consultation feedback session was held December 9, 2021 via the Microsoft Teams virtual platform. The

Goal 1: Population Health-Better Outcomes

- Top Measures per Menti Poll:

- Preventive visits (6)
- Substance abuse treatment (5)
- Preventive dental visits (4)
- Childhood obesity (4)
- Well child visits (2)
- Tobacco use (1)

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Appendix A - Stakeholder Feedback

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- Dental sealants (1)

- Suicide death rate (1)

- Other items to include:

- Adult/lifespan obesity (4)
- Diabetes (3)
- BH services (3)
- HTN (1)
- Family planning (1)
- Chronic health management (1)
- Medication Assisted Treatment (MAT) for Substance Abuse

- Questions/other comments from attendees:

- How were these measures selected?
- Obesity is often not considered a disease and treatment is inadequately funded/covered.
- “Prior to the Medicaid expansion, we had a very very small window for adult eligibility, so that’s the reason why you don’t have a lot of national standards. Because if people did not expand Medicaid, your population, that adult population that would have had eligibility would have been limited like family planning, which was the limited scope of services under those things.”
- Change tobacco cessation to substance abuse, which would encompass tobacco, alcohol, opioids and benzos.
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Goal 3: Provider Experience-Satisfaction

- Most important to include in the provider survey per Menti poll:

- Provider Services (Provider Relations) (9)
- Claims processing (7)
- Website and portal access (5)
- Provider Network (3)
- Communication preferences (3)

- Other items to include:

- “It is important for provider portal eligibility descriptions to align with the agency view eligibility descriptions.” Example: SoonerCare Adult versus Healthy Adult Population Expansion. Confusing for providers. Need continuity between what the individual, benefit staff and provider billing staff see.

Goal 4: Per Capita Costs-Lower Costs

- Top Measures per Menti Poll:

- Diabetes Short-Term Complications Readmissions (5)

- Emergency Department Visits (5)
- Total per Capita Cost (4)
- Heart Failure Readmissions (3)
- COPD or Asthma in Older Adults Readmissions (2)
- All Cause Hospital Readmissions (2)- *Note that this was changed in future Menti polls to Inpatient Hospital Utilization*
- Other items to include:
 - Behavioral Health/BH ER (2)
 - Substance Abuse (2)
 - Dialysis (1)
- Questions/other comments from attendees:
 - What is the difference between All-Cause hospital readmissions and planned all-cause readmission (*Note that this is a moot question since the All-Cause was replaced in the CQS and remaining meetings*).

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- Tribal services have 100% FMAP
- Focusing on cost has not been a priority for this group

Focus Area-Smoking and Other Tobacco Use

- Are there Tribal initiatives occurring to decrease smoking and other tobacco use?
 - Grants (2)
 - TSET awards (2)
 - No smoking on premises (2)
 - Smoking cessation products/programs (2)
 - IHS health education
- What else does OHCA need to know:
 - Very important to make a distinction between ceremonial and commercial tobacco
- Questions/other comments from attendees:
 - Quitline is helpful for members (2)
 - Focus on tobacco use prevention efforts.

Focus Area-Obesity

- Are there Tribal initiatives occurring to decrease obesity?
 - Exercise classes/walking club/walking app/5Ks (4)
 - Wellness centers/resource centers (4)
 - Healthy cooking classes/nutrition education (2)
 - Employee incentives (2)
 - Diabetes education
 - Provider counseling during office visits
 - Good Health and Wellness grants
 - Individual tribal initiatives
 - Limited bariatric surgery when necessary
 - Blue Zone certification of cities (tribe working with the communities on the certification)
 - Partnering with USDA to distribute commodities
- What else does OHCA need to know:
 - Healthier food choices are more expensive
 - Not all Tribal members live near Tribal facilities, so might not have access to the wellness centers and education
 - Would be great to have initiatives for members to purchase a gym membership for those that don't live near Tribal facilities
 - SNAP and Blue Stamps programs should focus on healthy food options, similar to USDA

commodities program.

Focus Area-Teen Pregnancy

- Are there Tribal initiatives occurring to address issues related to teen pregnancy?
- Community baby shower
- Lactation training
- Baby care training
- Family planning
- What else does OHCA need to know:
- Not all teen pregnancies are unintentional.
- Need easy access to contraceptives/sterilization if desired

Focus Area-SDOH

- Top needs of Tribal members per Menti:

- Transportation (4)

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- Housing (3)

- Childcare (2)

- Employment (2)

- Food (1)

- Are there Tribal initiatives occurring to address issues related to SDOH?

- Elder meals/Meals on Wheels (2)

- Food pantry

- Cooking with commodities/microwave only classes

- WIC

- Provider network for adult dental services

- What else does OHCA need to know:

- Tribes have initiatives but Tribal members not close to a Tribal facility

- Many Tribal members reside in very rural areas. Everything from transportation to stable broadband for telehealth is unavailable.

- When Tribal members use their government issued phones, it is for telehealth

- Iowa Nation has a very strong Peer Recovery Support Specialist program. The current requirement is to be a recovered alcoholic or substance abuse person. However, if the requirements included family members of those recovered members, it would allow more to participate/help.

- The Native family unit may have multi-generational members residing in a single unit and is a close-knit group. Younger people can help elders and vice versa.

- Health behaviors are really important.

- There is a lot of education, and robust programs, but people have to own their health.

- Blue Zone Certification could be explored.

Other discussion points:

- The best way to contact SoonerCare members is via phone or text.

- It is not uncommon for SoonerCare members to move often or must use an alternative mailing address for confidentiality issues, so snail mail is not the best way to communicate with them.